

Docket No.: PF112P3D1C1  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Hu et al.

Allowed: December 2, 2004

Application No.: 09/935,726

Confirmation No.: 3533

Filed: August 24, 2001

Art Unit: 1647

For: Vascular Endothelial Growth Factor 2

Examiner: R. Landsman

**ISSUE FEE TRANSMITTAL LETTER**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed December 2, 2004,

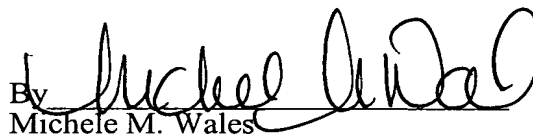
Applicants submit herewith:

1. a Fee Transmittal Sheet (in duplicate);
2. Response Under 37 C.F.R. § 1.312; and
3. Part B - Fee(s) Transmittal (PTOL-85), with appropriate fee(s) (in duplicate).

The U.S. Patent and Trademark Office is hereby authorized to charge any deficiency in the fees filed, or credit any overpayment, to our Deposit Account No. 08-3425.

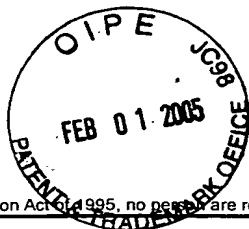
Dated: Feb 1, 2005

Respectfully submitted,

By   
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/935,726-Conf. #3533
		Filing Date	August 24, 2001
		First Named Inventor	Jing-Shan Hu
		Examiner Name	R. S. Landsman
		Art Unit	1647
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PF112P3D1C1
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 0.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-3425</u> Deposit Account Name: <u>Human Genome Sciences, Inc.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
<b>Fee Description</b>							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
_____ - 20 = _____		x _____	= _____		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 3 = _____		x _____	= _____				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): _____							

<b>SUBMITTED BY</b>			
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Name (Print/Type)	Michele M. Wales	Telephone	(301) 610-5772
		Date	Feb 1, 2005